

# **REQUEST TO REVIEW PARKING CITATION**

## **IMPORTANT: PLEASE READ BEFORE COMPLETING FORM**

If you believe that you have been cited unjustly, you may request a review of the citation by completing **SECTION A** of this form and:

1. Taking it with you to the Menasha Police Department, 430 First Street, Menasha, WI to explain the circumstance which you feel prove your vehicle should not have been cited; or
2. Complete **SECTION A** of this form and deliver or mail it to the Menasha Police Department, 430 First Street, Menasha, WI 54952. Lt. Brunn will contact you by telephone to discuss your evidence/circumstance or mail you this form with a disposition; or
3. Contact the Court Liaison at the Menasha Police Department (920-967-5141) to schedule a court date to contest the citation (have the citation number and/or your vehicle license number available).

If you have already received your **FINAL NOTICE** of unpaid parking violation, the review process is no longer available to you. You can exercise one of three options:

1. Pay \$15/\$25/\$35 (to be received within 10 days of FINAL NOTICE date). **DO NOT MAIL CASH**; or
2. Take the matter to court (see #3 above on how to proceed). You may be responsible for court costs and fees in addition to any other administration fees imposed by the City or Department of Transportation if you do not prevail in court; or
3. Allow the ticket to go to the Wisconsin Department of Transportation for suspension of vehicle registration, refusal of vehicle registration, or both.

### **SECTION A** (To be completed by parking citation holder) **PLEASE PRINT** **PLEASE PRINT**

Vehicle License # \_\_\_\_\_ Citation # \_\_\_\_\_ Citation Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Reason you feel Citation should be reviewed \_\_\_\_\_

(Continue on reverse side, if necessary)

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

### **SECTION B** (To be completed by Lt. Brunn)

Action: VOIDED \_\_\_\_\_ DENIED \_\_\_\_\_ ON HOLD \_\_\_\_\_ OTHER \_\_\_\_\_

REMARKS \_\_\_\_\_

Amount to be Paid \_\_\_\_\_ (Must be received within ten (10) days of review)

Date of Review \_\_\_\_\_ Signature of Reviewer \_\_\_\_\_